MEDICARE MODERNIZATION AND PRESCRIPTION DRUG ACT

The SPEAKER pro tempore (Mr. PEASE). Under the Speaker's announced policy of January 6, 1999, the gentleman from California (Mr. THOMAS) is recognized for 60 minutes as the designee of the majority leader.

Mr. THOMAS. Mr. Speaker, tonight we want to discuss one of the measures that has passed the House of Representatives. Sometimes, we do not feel the need to discuss measures that have gone through committee and have passed the House, but since there has been so much misrepresentation about the legislation that passed the House on a bipartisan vote called the Medicare Modernization and Prescription Drug Act, and since the Presidential nominees are engaged in a spirited debate, I thought it would be worthwhile to take some time, one, to focus on what it is that the House actually did, but probably more important than the specifics is to put in context the way in which the prescription drug issue has been discussed.

I think the first thing that people have to remember is that as the former majority, the Democrats controlled the House the entire time Medicare was law, up until 1994. Indeed, when President Clinton was elected in 1992, the Democrats controlled the House, they controlled the Senate, and they controlled the Presidency. I find it rather interesting that at a time when they could do anything they wanted to do, they did not talk about putting prescription drugs in Medicare for seniors.

All right. Let us say that that issue is one which has matured only recently. However, let me tell my colleagues what I consider to be an even more telling fact. During the time the Democrats controlled the House and the Senate and the Presidency, they did not add any preventive care measures or wellness measures. Now, that I think is very telling, because it was pretty obvious even at that time that if we would do relatively aggressive screening on seniors for colorectal cancer, increase mammography, and especially tests for women with osteoporosis; and one of the real scourges is diabetes, and with education and early detection and treatment, we can make significant life-enhancing behavioral decisions; but none of those were part of a Medicare program that the Democrats offered.

In 1995, the Republicans became the majority in the House and in the Senate. We offered a series of reforms adding preventive and wellness and suggesting prescription drugs. Well, as some people may remember, the 1996 election was based upon a series of untruths, frankly, that Republicans were trying to destroy Medicare, that Republicans never liked the program and could not be trusted with it.

Well, as it is now historically recorded, in 1997, it was the Republican majority that, for the first time in the history of the Medicare program, put a preventive and wellness package together, and proposed a commission to examine the way in which we could successfully integrate prescription drugs into Medicare. Why? Because no one would build a health care plan, especially one for seniors today, that does not make medicines or prescription drugs a key part of the program.

Now, what we have heard from this well from a number of our Democratic colleagues about the Republican prescription drug plan and its modernization of Medicare are frankly untruths. They have attempted to use what they have unfortunately historically done during campaign seasons with prescription drugs, and that is, they have tried to scare seniors into believing that Republicans would never believe, notwithstanding the fact that we have mothers and fathers and aunts and uncles and now, for me, even sisters who are on the verge of turning 65; I hope I do not get an irate phone call on that statement; but I have a real concern about making sure that Medicare is relevant to today's seniors' health care needs and especially tomorrow's.

□ 2045

I mention that brief history because, as we talk about Medicare, suggested changes in Medicare, and the proposals that the Democrats have offered, including President Clinton and Vice President AL GORE in his race for the Presidency, and alternatives that Democrats may offer, I think it behooves all of us to stick to the facts; to talk about what the programs are. And there are differences between the Republicans' approach to reforming Medicare and providing for prescription drugs, and Democrats'. But one of the things we ought not to do is take the liberty with the truth.

One of the things I think we need to put in focus is the fact that, unfortunately, according to recent news reports, AL GORE was unable to contain himself and made up stories; made up a story about his dog and his mother-in-law, which is already on thin ice, and comparing their use and price of drugs. I am sure it was quite a good story. He is good at telling stories. There is just one problem with it: It was not true; it is not true. He made it up.

I think it ironic that as the press and some of my colleagues focus on some verbal stumblings on the part of our Presidential candidate, he does not make things up; and that when one is challenged with the pronunciation of a word, I think it is significantly different than when one is challenged with the efficacy of a statement.

AL GORE lied. He was probably so overcome by the occasion that he felt he had to have a better story than the truth. And, actually, that is a perfect setting for the discussion of what the Republican prescription drug proposal and the modernization of Medicare is and the Democrats description of it.

The first thing they have said frequently is that our program is not in Medicare; it is not even an entitlement program. That is, it is not part of the traditional Medicare. It is something new, it is a risky scheme, and it is probably not going to be available.

During the debate, we were pleased to get a letter from the American Association of Retired People, and I do believe that in this instance it is better to rely on third parties describing what our program is rather than listening to us or to our opponents. Because what the American Association of Retired People said was, ''We are pleased that both the House Republicans and Democrat bills include a voluntary prescription drug benefit in Medicare, a benefit to which every Medicare beneficiary is entitled.'' That is where they get the name entitlement. ''And while there are differences, both bills describe the core prescription drug benefit in statute.''

So there should be no misunderstanding, Governor George W. Bush's basic plan is a Medicare plan. The Republican plan, the bipartisan plan, the plan that passed the House, was a Medicare entitlement program. AARP says so. Do not take our word for it.

But what we want to spend a little time on tonight is the phrase that there are differences. Because if we do not have to worry about the fundamentals, that is they are both in Medicare, they are both an entitlement program, they are both voluntary, then maybe it might be worthwhile to stress what the differences really are. If once we have met the threshold that Republicans are not trying to destroy Medicare, that we are trying to improve Medicare, just as it was the Republican majority that added preventive and wellness and it was described as an attempt to destroy Medicare, let us spend a few minutes talking about how the plan that passed the House differs from the one that, for example, Vice President GORE wants to offer.

And in that regard I am joined by two of my colleagues tonight, both of them members of the Subcommittee on Health of the Committee on Ways and Means, which has the primary responsibility in the House jurisdictionwise of the part A Medicare program and shares the part B Medicare program with the Committee on Commerce. We have worked long and hard.

I was a member of the Medicare bipartisan commission that spent over a year examining the particulars. Both of my colleagues were close followers of that debate, read the material, and as we put together the plan that passed the House, we were focusing not on whether or not it was in Medicare but key things that I think seniors are concerned about, such as: Does it give me

some choice? Do I get to choose or do I have to fit the plan I am told that I get? The idea that if someone cannot afford the drugs, how do we help them? Whether an individual is low income, or even if they are not low income, whether the cost of the drugs that they are required to take are so expensive that even that lifetime earning they have put away would soon be lost.

Those are some of the key questions. But probably the most fundamental question, given the fact that we are going to put drugs now into Medicare, and we are at the very beginning of not an evolution but a revolution in the kinds of drugs that are going to be available to seniors, do we really want a one-size-fits-some government-regulated drug program; or would we rather have the professionals who do this every day for the other health care programs decide when and how we need to shift this mix to maximize the benefit to seniors?

That really is, when we strip away all of the scare terms and the untruths about the program, the real question. The differences that AARP has said are in the two plans. And when we begin to focus on the differences, I think we will find that there are not only quantitative differences in the plans but there are clearly qualitative differences as well.

Does the gentleman from Pennsylvania wish to talk about one or more of those differences?

Mr. ENGLISH. I would, and I want to thank the gentleman from California (Mr. THOMAS) for raising this issue and leading this discussion tonight.

Every August I go back to my district and I take the time to have a series of town meetings, particularly with seniors. And as I went back this August, I attended meetings at senior centers and I went to Labor Day fairs, and when I talked to seniors this was the single topic that they seemed to be focused on. This is the single issue that seems to directly affect their lives almost regardless of their personal circumstances.

Seniors were telling me stories, and too many times that plot included skipped doses or the act of cutting pills in half in order to save money on the skyrocketing costs of prescription drugs. And in my district in northwestern Pennsylvania it is odd, but senior groups have felt obliged to charter buses to drive more than 2 hours to Canada in search of lower drug costs. That is an extraordinary anamnesis, a trip they should not have to be making, and it is just further evidence that we ought to be putting politics aside and trying to get signed into law a prescription drug plan that will protect seniors and relieve them from the expensive prescription drug market where they simply cannot keep up.

We have discussed different plans on the floor of the House, but the one thing we can all agree on is no senior should have to choose between buying food and buying their life-sustaining medicines. What I feel comfortable about is that this House has acted and has moved forward a bipartisan plan that offers a flexible and universal benefit that would really address the needs of seniors.

We in the House voted to provide a prescription drug plan under Medicare that really meets the needs of seniors virtually regardless of their circumstances, and we did it in the face of rancorous partisan opposition. We embraced a bipartisan model for extending prescription coverage to Medicare beneficiaries. Beyond that, we also all agree that seniors should have the right to choose whether or not they wish to enroll in the prescription drug benefit or maintain their current coverage.

The bipartisan plan that we passed is a balanced market-oriented approach targeted at updating Medicare and providing prescription drug coverage that is affordable, available and voluntary. And I credit the gentleman for having played a critical role in designing this plan. This plan provides options to all seniors, options that allow all seniors to choose affordable coverage that does not compromise their financial security.

The plan that the House passed would give seniors the right to choose a coverage plan that best suits their needs through a voluntary and universally offered benefit. On the other hand, as the gentleman alluded to, the plans offered on the other side, including the one offered by the Vice President, would shoehorn seniors, many of whom have private drug coverage which they are happy with, into a one-size-fits few plan. The Gore plan seems to give seniors one shot to choose whether or not to obtain their prescription drug coverage under Medicare. They have to choose at age 64 or forever hold their peace.

Under that plan, seniors are forced to take a gamble. At 64 they are asked to predict what the rest of their lives will be like. They are supposed to operate on assumptions that may change. And while their coverage may be adequate now, if heaven forbid illness were to strike and their current plan no longer suited their needs, sorry, under the Gore plan those seniors would be out of luck.

In my view, the House-passed plan addressed skyrocketing drug costs in the most effective possible way by providing Medicare beneficiaries real bargaining power through private health care plans that can purchase drugs at discount rates. This is a much more effective approach than rote price controls. Seniors and disabled Americans under the plan the House passed will not have to pay full price for their prescriptions, they will have access to the specific drug, brand name or generic, that their doctor prescribes.

Our plan provides Medicare beneficiaries with real bargaining power through group purchasing discounts and pharmaceutical rebates, meaning seniors can lower their drug prices certainly 25, perhaps as high as 40 percent. These will be the best prices on the drugs that their doctors say they need, not the drugs some government bureaucracy dictates. But I would say to the gentleman that I am concerned that other plans, such as the one offered by the administration, cannot give all seniors such a sizable discount on their prescription drugs. The CBO reports that seniors will probably see a discount of about half of what our plan offers.

The House-passed plan also is designed to allow seniors who have drug coverage to keep it, and help those who do not, get it. No senior will lose coverage as the result of this bill. Under the House plan, we are trying to help millions of seniors in rural areas without coverage to get it and to get prescription drugs at the best prices, and to have the choice of at least two plans.

Mr. Chairman, I feel that this plan is the best and the most flexible. And in Pennsylvania about two million seniors who rely on Medicare could choose to reduce their drug costs by enrolling in programs to supplement Medicare. Our plan gives all seniors the right to choose an affordable prescription drug benefit that best fits their own health care needs. By making it available to everyone, a universal benefit, we are making sure that no senior citizen or disabled American falls through the cracks. Mr. GORE claims to offer seniors a choice, but in reality he offers them a selection of one, one plan, Medicare, take it or leave it. That does not seem like much of a choice to me.

The House-passed bill also takes steps to modernize Medicare, and I think that is the core difference. The gentleman had asked me what the differences are, and this, to me, is one of the critical ones.

□ 2100

We take the first step to reform Medicare to create an independent commission to administer the prescription drug program. Mr. GORE's plan leaves Washington bureaucrats in control of senior benefits. These are the same bureaucrats who have made bad decisions here in Washington about Medicare+Choice plans like, for example, Security Blue in my district. They have not provided adequate reimbursements to districts like mine; and, as a result, we have seen a decline in benefits under Medicare+Choice and Security Blue.

I do not think those bureaucrats are the ones that we should be putting in charge of a Medicare prescription drug

benefit making critical decisions that will affect not only pricing but also access to benefits for seniors throughout America.

Mr. Speaker, I feel that there is a clear choice here. We have advocated a plan that gives seniors real choices, real flexibility, and allows them to customize their benefits to meet their needs. Mr. Speaker, those are the differences that I think are absolutely critical.

Mr. THOMAS. Mr. Speaker, reclaiming my time, I thank the gentleman for his observations. Because although his State does not share its border with Canada in any significant way, he is clearly in a situation in which, because we failed to provide group purchases for seniors under a plan, they are forced to take some drastic measure.

GENERAL LEAVE

Mr. THOMAS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my special order this evening.

The SPEAKER pro tempore (Mr. PEASE). Is there objection to the request of the gentleman from California?

There was no objection.

Mr. THOMAS. Mr. Speaker, the key term is ''flexibility.'' As I said, we are on the verge of a dramatic breakthrough and a number of drugs are going to be available that are not currently on the market.

One of the reasons that the nonpartisan analysts that we use to look at pieces of legislation said that our plan, the bipartisan plan that passed the House, had as much as twice the discount capability of the Democrats' plan, including the one that the Vice President has offered, is because of the flexibility; that we provide the opportunity to change the structure when the structure needs to be changed, not when the bureaucrats or the politics say it should be changed. And so, we really should not wait one day longer than necessary to provide the seniors this relief.

Now, I think it is also worthy to note that there are as much as two-thirds of the seniors that have some form of insurance protection; but even though they have it, they are in fear of losing it. And, of course, if they are part of the one-third that has none at all, they live in fear every day that something is going to happen in which their finances simply are not going to be capable, if they have them in the first place, of paying for some these miracle drugs, which do come at relatively high prices if they have to buy them at retail, as many seniors do today, instead of group purchases.

Mr. Speaker, I yield to the gentlewoman from Connecticut (Mrs. JOHNSON).

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank the gentleman from California, the chairman of the subcommittee that governs most of the Medicare program, for yielding to me.

I have been very pleased. First of all, I thank the gentleman from Pennsylvania (Mr. ENGLISH) for his very thorough overview of the legislation that we developed in our committee. And I might say, over many months I have been very pleased that my colleagues on the other side of the aisle have really taken an interest in prescription drugs.

The last few months, and actually in our last floor debate, we had a full-blown alternative developed. Had that been possible a year ago, we would have prescription drugs signed by the President now. But our subcommittee did start holding hearings on this matter at the very beginning of this session.

I must say, as a woman, I have been keenly aware of the need for Medicare to cover prescription drugs. It is simply a fact that 90 percent of all women over 65 have at least one chronic illness and 73 percent of women over 65 have at least two chronic illnesses. And, for this reason, because women tend to have more chronic illnesses and also live longer than men, they spend much more on prescription drugs than do men over 65.

It is also a fact that, for a lot of reasons in our society, that most women are retired on very modest incomes, oftentimes not so low that they benefit from our State medication subsidy programs. In Connecticut it is called COMPACE, and it is a wonderful blessing to low-income seniors. But to those just above the poverty income but struggling along on a very modest income, they get no help from the State program. They cannot afford insurance. They cannot afford preventative health care and, in fact, they commonly suffer from disabilities. But they do have in common a higher instance of chronic illness and therefore a greater need for regular weekly, monthly prescription drugs.

So it is extremely important to our seniors and extremely important to senior women that we integrate prescription drug coverage into Medicare. And so there are two things that are very important in this effort to gain coverage of prescription drugs under Medicare.

One is price.

Over and over, seniors will say to me, why, when we are such a big buying group, can we not negotiate lower prices at the pharmacist?

I want to congratulate the chairman for structuring a bill that will cut those prices 25 to 30 percent. Unfortunately, the Democrats' bill, because it does not involve competition, and we are going to talk about what that means to seniors in terms of the quality of drug coverage, but just from the point of view of price, because our Democrat colleagues' alternative does not allow more than one company to distribute drugs, they will reduce drug prices at the pharmacy only about 12 percent.

And since all the bills, whether it is the Democrats or the Republicans, the President or the Congress, involve 50 percent copayment for most seniors, whether it is 50 percent of $50 or 50 percent of $100 or 50 percent of $75 makes a lot of difference.

I just want to congratulate the chairman on the fact that the structure of his bill, and this goes back to not only the importance of achieving the goal, but how we do it, the structure of our bill will drive those prices down at the pharmacy 25 to 30 percent; and that will help seniors no matter what their income group, no matter how many drugs they have to buy, whether they have reached the catastrophic limit or they have not. So I am very proud that our bill will reduce prices at the pharmacy by 25 percent.

I would like to take a couple of minutes later on in the discussion to talk about the fact that our bill will also ensure many more drugs are available to our seniors.

Mr. THOMAS. Mr. Speaker, I just want to give my colleagues a real-world anecdote to support what my colleague says. Because, clearly, as we talk about the flexibility, and as the gentleman from Pennsylvania (Mr. ENGLISH) indicated, no one should have to choose between prescription drugs and food.

Using professional managers in dealing with seniors' drug needs directly addresses two fundamental problems with seniors and drugs today; and that is, the drugs are miracle workers, as I said, but oftentimes only if they take them as prescribed. And sometimes it is money. That should not be the case, but sometimes it is just failure to remember to follow a regimen. Professional management is important there.

I was in the Kern River Valley, and this is a predominant retirement senior area, and it was at a health fair and we began discussing this question of prescription drugs. And if my colleagues have not really experienced it firsthand, they just do not appreciate the other real problem that we face with seniors and prescription drugs and that is, many seniors are not on just one prescription drug or two or three.

There were about 200 seniors there; and I said, how many seniors here are on one prescription drug? Well, every hand in the place went up. How many are on two? Virtually none went down. How many are on three. All the hands went up. How many are on four? By the time we reached four, a couple hands went down. How many are on five? Still a majority. I went all the way up to 12 different drugs, 9, 10, 11, 12, until I finally got one hand. And I said, well, okay, you win. How many do you have? He said, as far as I can remember, 16.

So it is the failure, the tragic failure to not only provide availability or low price through the group purchasing but the management, the best way to allow seniors to enjoy this miracle is what we are missing and that professional management, that flexibility is what gives us the opportunity to tell seniors under our plan and the President's plan that, yes, they are going to have a prescription drug program that meets today's needs; but they are going to have tomorrow's needs met and the day after tomorrow the flexibility that gives us those discount savings that the nonpartisan professional saves twice as much as the Democrats or the Vice President's plan.

Mr. Speaker, I yield to the gentleman from Louisiana (Mr. MCCRERY), who represents a different region than the ones we have been discussing but whom I am sure has similar concerns based on his seniors' needs and how a program is structured.

Mr. MCCRERY. Mr. Speaker, I thank the gentleman from California (Mr. THOMAS) for convening this special order to talk about prescription drugs, and I thank the gentlewoman from Connecticut (Mrs. JOHNSON) for bringing up the element of our prescription drug bill that does not get highlighted too much, which is the elements of price and price discounts. And she is exactly right. The Republican prescription drug bill that we passed through this House, on average, would give seniors a 25 percent reduction in the cost of their prescription drugs, that is every senior, not just low-income seniors, as some Democrats have tried to characterize our bill. Every senior gets that reduction in the cost of the prescription drugs.

Another element that is overlooked sometimes in the Democrats' characterization of our bill as one that leaves out millions of senior citizens is the element of the catastrophic coverage. That is available for every senior, not just low-income seniors, not just some seniors; but every senior who voluntarily subscribes to this prescription drug program would have the benefit of that protection, protection against those soaring drug costs that can afflict somebody with a range of illnesses, some catastrophic disease should that strike that person.

That senior will be protected no matter his income, no matter his status. If he opts to get into this voluntary program that we will have created through this legislation, he will receive that protection.

So I think it is important for us to explain to the American public that the bill we passed through this House of Representatives is not just a bill for low-income seniors. It does not leave millions of seniors out; it protects all seniors who voluntarily choose to subscribe to the program, and it is available for every senior without regard to the health status of the senior.

In other words, if the senior citizen already is on the 12 prescription drugs that the gentleman from California (Mr. THOMAS) discovered one of his constituents was on, she is eligible for our program, just like the senior citizen who is not on any prescription drugs.

So, unfortunately, in some of the House races around the country, our prescription drug bill has been mischaracterized by Democrat opponents; and that is unfortunate, because what we passed through this House, I believe, is the best solution for guaranteeing a prescription drug benefit to the seniors in this country. It is the solution that involves the private sector in this country which has been so dynamic in delivering high-quality health care, unlike countries that have gone to government control of health care, dumb down basically the health care system, dumb down innovation in our health care system.

Our country, thank goodness, has continued to rely on the private sector to deliver that health care innovation. We want to do the same thing with prescription drugs, not fall back on a government solution that involves hundreds of mandates like the Democrat solution, the Gore solution. That would be catastrophic for this country if we were to let the Government take over prescription drugs in this land of ours.

□ 2115

I appreciate the gentleman allowing me a few minutes to talk about the fact that our prescription drug plan is for all seniors, not just for some, and it delivers high quality benefits to all seniors, not just some.

Mr. THOMAS. What is especially of concern to me about now, apparently the news media's understanding that the Vice President manufactured some facts to try to make his point is that there is a lot of reality out there that is better than made-up stories. What concerns me is that he knowingly made that story up. And I happen to personally believe that there are some of the Members in this body who have made up fictions about the plan that passed the House because they would rather have the issue than the solution. That is just to me reprehensible, when we could have already provided prescription drugs for seniors in Medicare.

It should not be part of a presidential debate. It should be part of the law. We are doing everything we can to make that happen, including create a bipartisan plan that passed the House when those Democratic leaders who wanted to make it an issue walked out of this body rather than engaging in an honest, direct debate about the flexibility of our plan versus the rigidness of theirs, the integration of the plan rather than theirs as an add-on, and probably, most important, the fact that we provide the drugs that your doctor believes you need, not a bureaucratic structure that may not provide that particular drug but will force you to an alternative. That is not the kind of choice that we believe seniors and their doctors ought to make.

Mrs. JOHNSON of Connecticut. The gentleman makes an excellent point. Honestly, some nights I just lie in anguish because I know that by my colleagues making this a partisan decision, seniors in America are not going to get prescription drugs for another year and a half. Now, all the plans will take a year or two to put in place and if we cannot pass the bill for another year and a half, there are people in my district who are really truly desperate for this coverage, and that says to them, ''Not for another 3 or 4 years.'' We could pass this this year. It is really almost a crime that our colleagues will not come together and help us do it. It needs to be bipartisan.

Now, we have talked about price, but there is one really important issue that you referred to that needs to be addressed. Seniors need to be able to have the drug that is appropriate to them. Some antidepressants, for example, work by making you sleepy. Well, if you are sleepy and you fall and break a hip, that is terrible. There are other antidepressants that do not make you sleepy, and your doctor ought to have the right to choose the one that works for you. Under our bill, I am proud to say every plan will have to provide not only multiple drugs in each category but what we call multiple drugs in each classification.

One of the problems with the proposal from the other side is that you have to only provide one drug in each category, and that means your doctor will not be able to choose the pharmaceutical product that is really good for you, that will interact fairly in a healthy fashion with your other medications, that will not give you side effects that will cause harm to your health or to your well-being. So I think in this fast-paced debate, it is kind of being overlooked, that we not only want a plan that gives seniors choices of drug plans but that we want within those plans for each one to provide a lot of choices of medications so each senior gets the medication that she or he needs and that doctors will have the right to choose the pharmaceutical agent that is best for that senior.

Mr. MCCRERY. It is ironic that our plan has been attacked by the Democrats because we rely on the private sector to manage the benefit. They say, ''Oh, gosh, you know, we just don't believe the private sector will do a good job of managing this benefit under Medicare. We should let HCFA, the Health Care Finance Administration which administers Medicare, also administer this prescription drug benefit.''

What they do not tell you is that HCFA, the Health Care Finance Administration, would rely, would hire, a

private sector entity to manage their business. Just as under our bill we would have private sector entities called PBMs, or pharmaceutical benefits managers, to provide this benefit around the country, only we would have multiple PBMs, not just one, the Health Care Finance Administration would hire under the Democrats' vision one single pharmaceutical benefits manager to manage this benefit. Well, if our plan is flawed because we are going to have a private sector entity, in fact a number of private sector entities, PBMs, manage the benefit, then theirs is flawed as well because HCFA relies on a private sector entity, a PBM, a single PBM to manage theirs.

They say, ''Oh, well, gosh, if that happens, if we can't get a PBM to manage the benefit under our plan, well, we'll just let HCFA, the Health Care Finance Administration, manage the benefit.'' Well, that sounds good, I guess, but then when you examine the kind of job that HCFA is doing now with Medicare, managing Medicare, never mind prescription drugs because that is not part of Medicare, just managing Medicare, you see that maybe that is not such a good idea after all.

For example, in an effort to help senior citizens, this Republican-majority Congress just in the last couple of years passed a change to Medicare to benefit senior citizens with their copayments, with their coinsurance under Medicare, trying to reduce the amount of out-of-pocket costs to seniors. Well, in order to effect that, HCFA, the Health Care Finance Administration, has to create an outpatient prospective payment system to make that happen, to save those seniors those out-of-pocket costs. Guess what? They have not been able to do that yet. How many years have they had now, HCFA, to put this in place? How long has it been since we have directed them to do that, to save seniors money and they have not been able to put it in place?

Mr. THOMAS. That particular program 3 years, but actually there is one program on the statutes that has been 7 years languishing waiting for the Health Care Finance Administration to implement it through regulation.

Mr. MCCRERY. So 7 years for that, 3 years for the one I am talking about that would benefit the pocketbooks of seniors that we passed in an effort to help seniors, and the very administration, the Health Care Finance Administration, that the Democrats want to rely on to deliver this new benefit, prescription drugs, has not been able in 3 years to perfect this mechanism to save seniors out-of-pocket costs. That to me is not much to rely on. To me, it is much safer to rely on the private sector, a robust private sector that is innovative and wants to get in the business of delivering prescription drugs to seniors and in fact is doing so in a number of group plans around the country.

Mr. THOMAS. I know the gentleman shares my frustration in trying to get the media and others to realize that folks on the other side of the aisle and, for example, the Democratic Party nominee for President make things up. They simply are not truthful about the programs. In fact, I have often thought, if you think about ''Do You Want to Be a Millionaire,'' a couple of really good questions that should have a high dollar value to them because they would be very difficult for people to answer, and, that is, which party was the majority in Congress when preventive and wellness programs for seniors was put into Medicare? You would probably have to use one of the lifelines to realize that it was the Republican Party and not the Democrats. Better than that, which party was in the majority when for the first time in the history of the 35-year Medicare program a prescription drug program was voted off of the floor of the House? That should be way up around a quarter of a million, because the answer is the Republicans, not the Democrats.

But if you listen to AL GORE, if you listen to the Democrats who describe our program, frankly I believe you would have to say, less than truthful terms, we are out to destroy Medicare. That old Medicare partisan scare card unfortunately is being wheeled out once again in this election by the Democrats' presidential nominee, except I am pleased to say that he was so carried away with not dealing with the truth that the press has now found out that he simply makes things up.

Mrs. JOHNSON of Connecticut. I want to mention something that really has received no attention because it goes to what my colleague from Louisiana was saying. If you rely on the private sector and you have multiple plans out there, lower prices for seniors, better choices of pharmaceuticals, you also could use, and our seniors could have used it at this very time as HCFA is driving the Medicare HMOs out of the business, an ombudsman office. And our bill puts in it a new office that is separate from HCFA, within the government but separate from HCFA, who will help them when they need help, help them find the right coverage if they cannot find it, if they need to appeal the government's decision that they can or cannot have certain care.

Then this ombudsman will help them get the information together and make that appeal. Under current law, they have effectively no appeal rights. Here we are talking about a patient bill of rights for all under-65-year-old Americans, and that has passed through the House, we, the Republican majority, included in the prescription drug bill an appeals process so that every senior would have the right to appeal if they cannot have the right drug, if they cannot have the right procedure, if they need medical care that they are being denied, and this office of ombudsman who can help them get together the information they need, guide them through the process of appeal if they need to be guided through that appeal process, and help them whenever they need help in dealing with the government around the current Medicare plan.

I am very proud that we have set up this new independent office of ombudsman and also passed for every senior in America an appeals process that gives them those critical rights to speak up and say, ''Wait a minute, I need that medical treatment, and I ought to have it and have someone neutral to turn to say, yes, actually you should have that medical treatment because you need it and Medicare should be providing it.''

The breadth of our prescription drug bill, not only in the choices it provides seniors and in the pharmaceutical products it provides seniors, but also in restoring their rights as human beings under Medicare is really important for seniors to understand. I am proud we did it. I hope that over the course of the next few weeks we can join together, Republicans and Democrats, and of course our bill was bipartisan, but into a larger arena and get the President with us so that our seniors will not have to wait 3 years for prescription drug coverage.

Mr. THOMAS. I want to point out again that we are not talking about a risky scheme; we are not talking about something that is different than what seniors have now in terms of Medicare. The American Association of Retired Persons said that they are pleased that both the Republican and the Democrat bills include a voluntary prescription drug in Medicare, it is an entitlement, and what we have been talking about are the differences. We frankly think that when you talk about the differences, do not use scare tactics, do not say that this plan will not work because ironically, and the gentleman from Louisiana and my colleague from Connecticut know this, under the Al Gore plan, if they are not able to get those prescription benefit managers that you have talked about to do the job, which is to limit their professional experience and let a bureaucrat tell them what to do, if they are not doing it, the fallback provision in the Vice President's plan is to those insurance companies that the Democrats like to say, will say that our plan fails.

Our plan, which was passed on a bipartisan vote, reduces the cost of drugs to seniors up to twice as much as the Democrats' plan because it is flexible and it lets professionals make the decisions in a timely and professional manner. It may not seem like a big point now, but 4 or 5 years down the road when the senior finds out the drug they need is not one that is approved and

therefore you do not get the group purchasing insurance premium value to it, when they realize that they do not have the flexibility, that they do not get to choose between plans, those differences that we are mentioning now will loom very large in the life of those seniors who need to choose and who need the flexibility of our program.

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Mr. MCCRERY. As the gentleman knows, one of the criticisms that Democrats have leveled at our plan is that the private sector insurance companies, the private sector pharmaceutical benefit managers will not participate in our plan. They will not offer a plan; therefore, we are not really offering seniors any choices. Well, the same criticisms were leveled in the State of Nevada, when Nevada's Republican Governor came up with a similar plan to provide prescription drugs in the State of Nevada.

And if I am not mistaken, and please correct me if I am wrong, but just recently the deadline came for submission of plans from the private sector or bids to participate in the Nevada State program and not only did the private sector step up to the plate and say yes, we will participate, but I believe Nevada had a choice from among at least five different plans.

Mr. THOMAS. Mr. Speaker, five different plans chose to compete for the business.

Mr. MCCRERY. Mr. Speaker, we will play in this game. We want to provide this benefit to your citizens in Nevada, so even though that same criticism was leveled at Nevada, the private sector will not participate. They do not like this plan.

We found at least there that that criticism was not warranted, and Nevada now has the luxury of choosing from among five different bids from the private sector to manage their prescription drug benefit in their State.

I predict, if our bill were to become law, we would experience the same thing. The private sector would step up to the plate and seniors would have multiple choices of plans as we have described.

Mr. THOMAS. And what we get out of that, as we repeated over and over, is the flexibility of choosing, but also the advantage through the competition of a lower price to the seniors, and, of course, given that the Medicare program is taxpayer financed, a lower cost to the taxpayers. We have to be concerned about the Medicare program, because it is not financially sound as we make these improvements, things like adding prescription drugs, we have to keep an eye on the bottom line costs 10 years out, 15 years out.

The intensive more than 1 year study that was undertaken by the bipartisan Medicare commission wound up unanimous in terms of the experts, whether they were professional, academia, in saying the one thing Medicare needs to preserve itself over the long run is a degree of competition and negotiation for the price of the services.

The plan we are talking about, the plan as indicated that the State of Nevada has put into place, provides the structure for that competition, which will produce, bend those growth curves a little, it will produce a plan that will save us money in the long haul. We are preserving Medicare by making sure that we can get the job done at the cheapest possible cost.

We are protecting seniors. We are, in fact, strengthening and simplifying the program. Now, that is not what we will hear from our colleagues on the other side of the aisle, because if they, in fact, were honest about the plan, we could focus on the differences, we could make adjustments, and we could provide seniors with prescription drugs in Medicare. That apparently is a choice that they have made that they do not want.

They want the political issue during this campaign. The Vice President is more than willing to make up stories that are not true to try to win the Medicare prescription drug debate. What happened to that slogan ''I would rather be right than President?''

This particular candidate would rather make up stories in the attempt to convince people that his plan is better. It is not better. It is more costly. It is more limited. It does not provide the choices that this plan does, and it does not provide the savings in the long run, the competition and negotiations provide.

Mr. MCCRERY. Mr. Speaker, I am glad the gentleman brought that up, as we have to conclude our discussion here. I am glad the gentleman brought up the issue of saving Medicare, because, indeed, if no changes are made to the Medicare system, we all know that it is not actuarially sound, and it will meet its demise. The program itself will meet its demise within about 20 or 25 years.

And when my generation, the baby boom generation, reaches retirement age, the Medicare program will not be able to provide benefits to my generation. So the gentleman makes an excellent point. The gentlewoman from Connecticut (Mrs. JOHNSON) also mentioned some of the reforms that we include, reforms of Medicare that we include in our prescription drug plan, which will facilitate the transition from the current Medicare system to a Medicare system that will be stronger, that will rely on competition in the private sector to drive down costs in the Medicare system and save Medicare for the long hall so that my generation and generations following mine will have the benefit of this program.

I appreciate the gentleman for yielding to me and saying that our plan does that, but the Vice President's does not.

Mr. THOMAS. I thank the gentleman for his comments. The solvency the day after tomorrow is important, the needs for tomorrow is important, but frankly we should not go one day longer than necessary to provide seniors with prescription drugs, and we ought not to keep talking about the issue. We did something, we passed it, especially when talking apparently coming from the Vice President is not truthful in the first place.

Mr. MCCRERY. We passed it in a responsible way. I would admit.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I am very proud we are doing it in not only a way that will save and strengthen Medicare for future generations and provides more choice for seniors, but it provides more health care for seniors. Ours is the only bill that covers off-label uses of drugs. Since most of the cancer patients are over 65, and since many of the cancer treatments involve off label uses of drugs, only our bill provides coverage for most cancer treatments.

So we not only do it in an efficient, cost effective way that will strengthen Medicare in the long run for current seniors and future retirees, but we provide more choices and more health care. We need for the President to weigh in now and get our bill to his desk so every senior in America can have drugs as a part of Medicare now.

Mr. THOMAS. Our bill provides that competition in negotiation, and the only thing I am really pleased about with Governor George W. Bush's plan is he gets it, he understands the need for that competition in negotiation to provide a better product, flexibility and choice, but ultimately at a cheaper price.

My only hope is that as we continue this very important debate, my druthers would be that we do not debate, we show action. We took that action in our hands, we passed a bill off the floor of the House, we would like to deal with legislation moving forward, but if it is apparently the way that the Democrats have chosen to be rhetoric, to talk about the needs, then I think, at the very minimum, what we would hope is that the Vice President, the Democrats' nominee for President, would not play fast and loose with the facts that, in fact, the debate be a truthful one.

This is a serious matter. It is not just partisan rhetoric. It is whether or not a senior gets the kind of lifesaving drugs they deserve at a price they can afford.

The bipartisan Republican plan that passed the House does that. We do not want rhetoric. We do not want debate. We want action. We have taken action. It is now up to the President and others. I thank both of my colleagues for participating and our colleague from Pennsylvania as well.